



Provider Satisfaction Survey Passport to Health Program 2014



Healthy People. Healthy Communities.

Department of Public Health & Human Services



Provider Satisfaction Survey Passport to Health

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INTRODUCTION

PASSPORT TO HEALTH PROVIDER SURVEY

Passport to Health is Montana Medicaid's Primary Care Case Management (PCCM) program. Under Passport, Medicaid/Healthy Montana Kids *Plus* (HMK *Plus*) members choose or are assigned one primary care provider (PCP) and develop an ongoing relationship that provides a medical home. The Passport mission is to manage the delivery of health care to people with Medicaid/HMK *Plus* in order to improve quality and access while optimizing the use of health care resources.

Passport to Health currently has approximately 86,000 members receiving care from over 900 Passport providers. Providers are distributed throughout the state, including low-population counties, enabling access to Passport providers for all members.

Montana Medicaid/HMK *Plus* surveyed all Passport to Health providers in September, 2014. The purpose of this survey was to understand how Montana Medicaid managed care programs are integrated into practices and how we can better support practices that serve our members. The survey focused on referrals to other providers, establishment of care for members, provider training opportunities, and provider understanding and involvement of other managed care programs.

The survey was sent to every Passport Provider in Montana, whether they practice in a group or as a solo provider. There are 287 Passport contracts representing 931 individual providers. Of the 931 surveys sent, 194 or 21% were returned.

EXECUTIVE SUMMARY

This report presents the results of the Medicaid and Healthy Montana Kids *Plus* Passport to Health provider satisfaction survey. Survey questions were developed to provide information essential for the management of the program, including timely questions on issues not covered in previous provider surveys. Confidentiality was guaranteed and numbered surveys were used only for the purpose of tracking for a second mailing and to allow further data analysis related to responses. Providers were given the opportunity to request member survey results, redacted of member information, of their practice. Providers were also allowed to provide additional comments and concerns.

The State's areas of concern are noted in each area in the executive summary. Provider comments are included in the results section with each question.

Response Rate:

- The overall response rate was 21% (194 respondents)

Establishing Care

- 72% of providers answered that no outreach is completed by their office and they wait for the members to contact their office.
- 20% of providers make introductory contact via phone, e-mail or letter to welcome the member to their practice.
- Only 6% of providers schedule an initial appointment.
 - The Department will continue to encourage Passport providers to outreach their members in order to establish a good doctor/patient relationship.
- Only 2% of providers said they schedule an initial appointment compared to 10% reported in 2013.

Referrals

- 90% of providers track Passport referrals by documenting them in the patients' file or in a central log.
- Only 10% of providers said they do not track Passport referrals, which is down from 11% reported in 2013.
 - The Department will continue to conduct random referral audits through the enrollment broker, Xerox, to verify documentation of referrals given or

received.

- How providers track their referrals is very similar from 2013 to 2014.

Member Satisfaction Surveys

- 75% of providers requested a summary of the survey results, redacted of any member information.
 - The Department will maintain a list of providers that requested survey results until the member surveys are completed in 2015. Once the results are compiled they will be sent to all interested parties.

Provider Interpretation of Member Knowledge

- 48% of providers said that they felt the majority of their Passport members had a good understanding of the Passport Program benefits and requirements.
 - The Department will use these results combined with the member survey results to improve upon member education.

Nurse First Advice Line

- 44% of providers responded either “Yes” or “Sometimes” to encouraging patients to use the Nurse First Advice Line.
- 20% of providers said they did not know what the Nurse First Advice Line is.
 - The Department will work to increase awareness of the Nurse First Advice Line with providers.
- 33% of providers said they have received faxed triage reports from the Nurse First Advice Line when one of their members used it.
- 16% of providers encourage members to use the Nurse First Advice Line versus 11% reported in 2013, and 14% more providers know about the Nurse First Advice Line in 2014 compared to 2013.

Health Improvement Program (HIP)

- 42% of providers were aware of HIP and the services available to their members.
 - The Department will work to increase awareness of HIP with providers.
- 34% of providers said they have received written care plans from the HIP case managers to assist with coordination of care.

Team Care

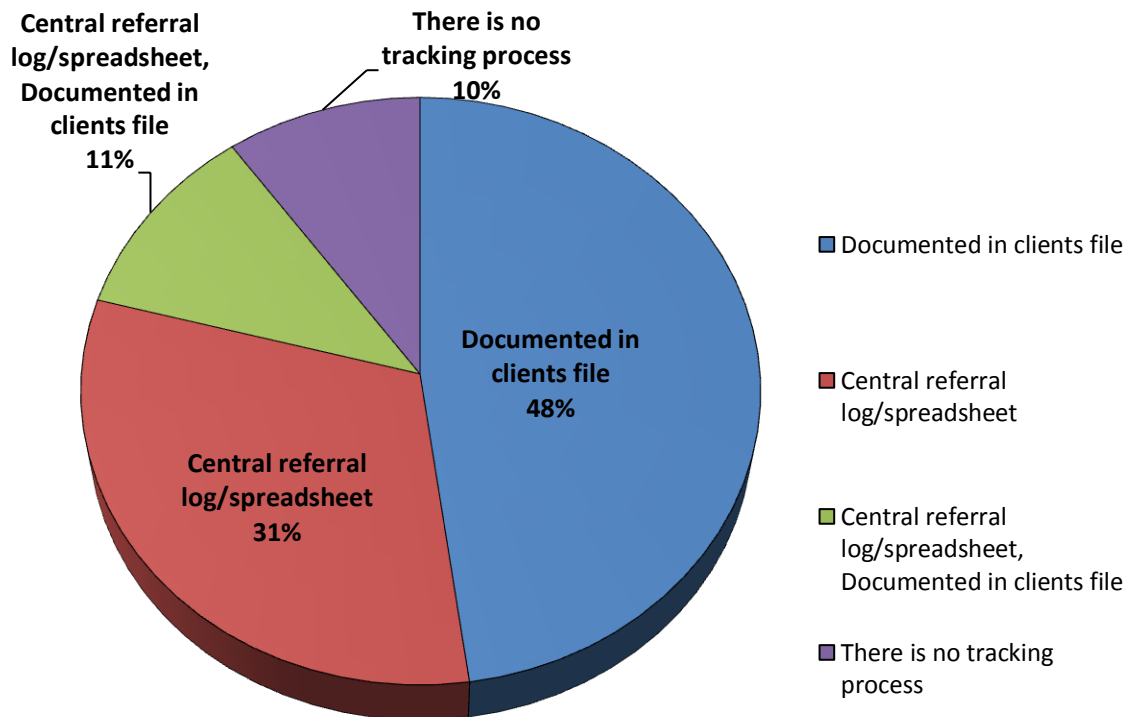
- 61% of providers said they were not aware that they could refer members to the Team Care program.
 - The Department will work to increase awareness of the Team Care

program with providers.

- Only 39% of providers were aware that they could refer member to Team Care.

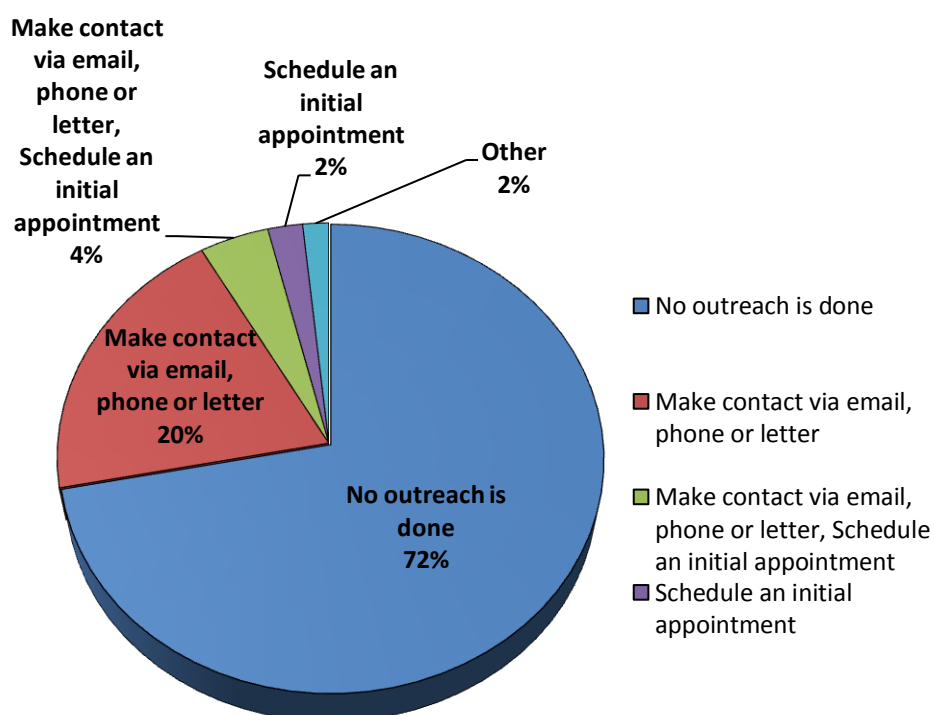
SURVEY RESULTS

Question 1 | The Department is building a new claims system, it will allow for better tracking of referrals. How does your office currently record Passport referrals given or received?



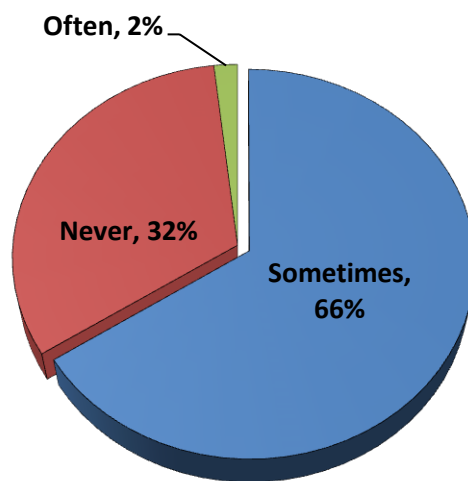
Question 1: Comments
Documented in clients file (PP to Office),central referral log/spreadsheet (PP out of office)
Documented in clients file often,there is no consistent tracking process
For active patients and for non-active patients
Message center

Question 2| The Passport Program encourages members to establish care with their Passport provider. If members do not establish care with your office how you attempt to reach out to your Passport members?



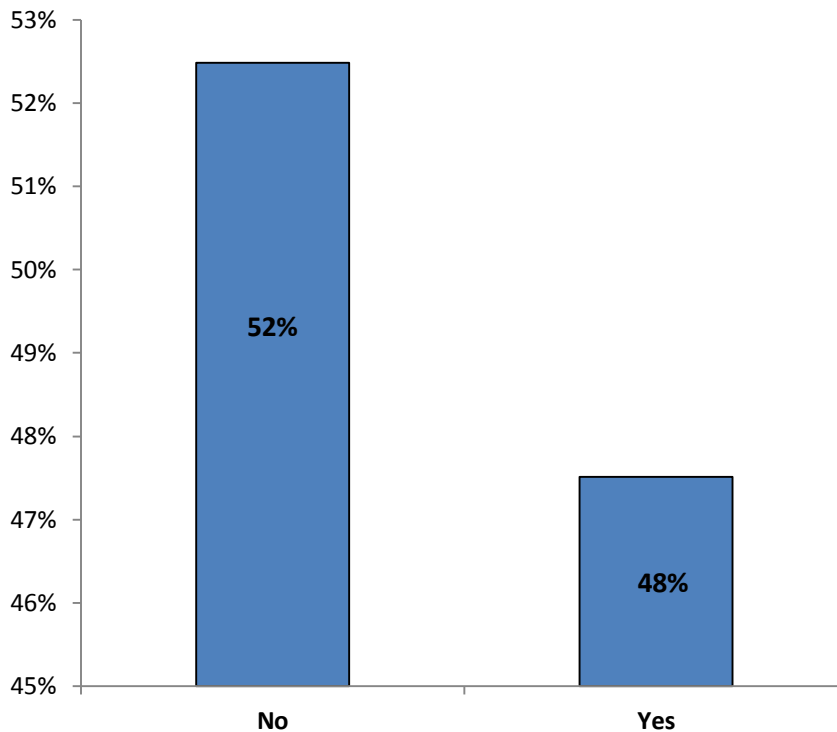
Question 2: Comments	
"In person"	Try to
Not all the time	Try to make contact but information is often old/out of date
Offer Passport pamphlet for change provider option	Two clients attend to us as their Passport
Phone call	Very little done
Schedule an Initial appointment if we know of the patient	

Question 3| Do you ever have Passport members on your monthly enrollee lists that have been dismissed?



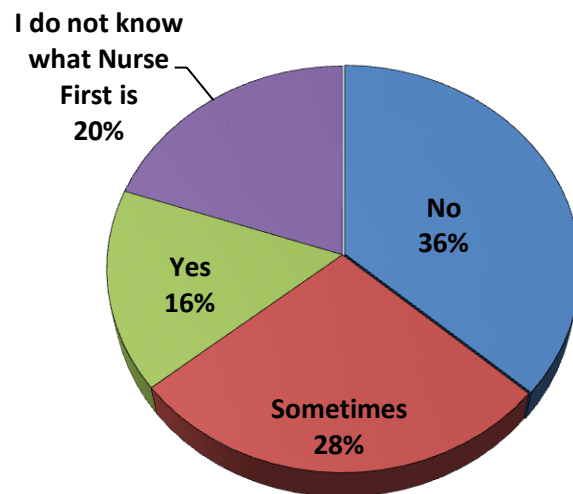
Question 3: Comments
Dismissed by me or by MTPPHHS?
Always
Don't Know
I don't know
I have no idea
Occasionally
Once
Unknown
nknown
Unsure who receives these lists? What other info is on this list? Just enrolled or "time for a" ?

Question 4| Do you feel that the majority of your Passport members have a good understanding of the Passport Program and its benefits/requirements?



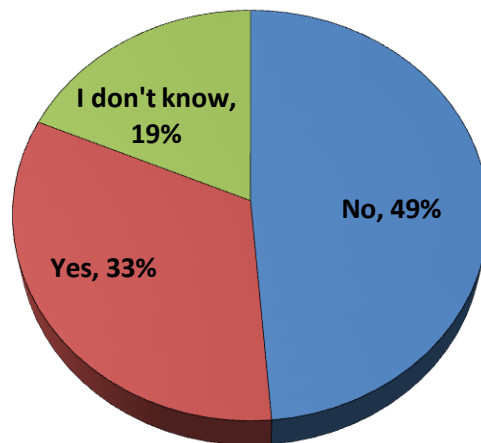
Question 4: Comments
"Not sure"
Don't know
I have no idea
Letter sent out when first show up on list
"There is understanding but sometimes non-compliance"
Maybe
Maybe
Sometimes

Question 5| Do you encourage your Medicaid/HMK *Plus* patients to use the Nurse First Line after hours or before they call your office to schedule an appointment?



Question 5: Comments
Do not have Nurse Line
Enclose card w/welcome letter when show up on list
Our internal system
We do our own phone triage & encourage our pts to call us
We have our own nurse triage line
We really don't know much about it

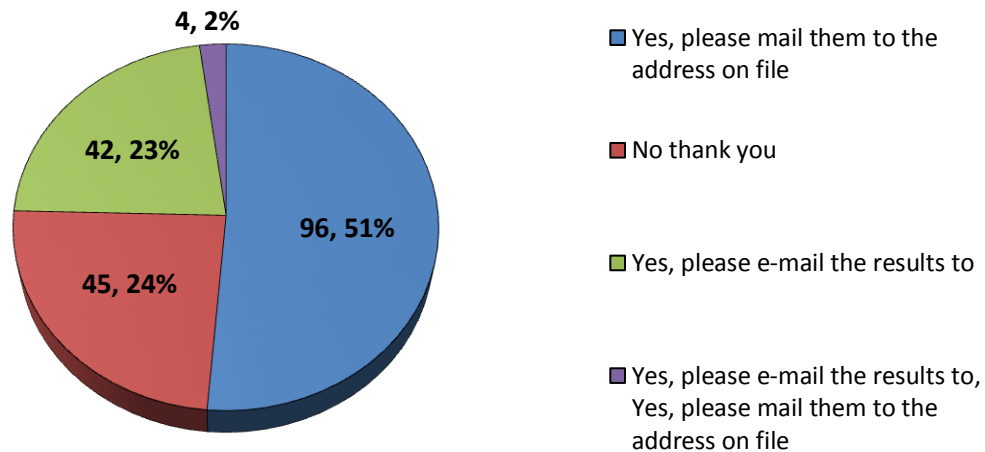
Question 6 | Have you ever received a faxed triage report from the Nurse First Line when one your Passport patients has used it?



Question 6: Comments

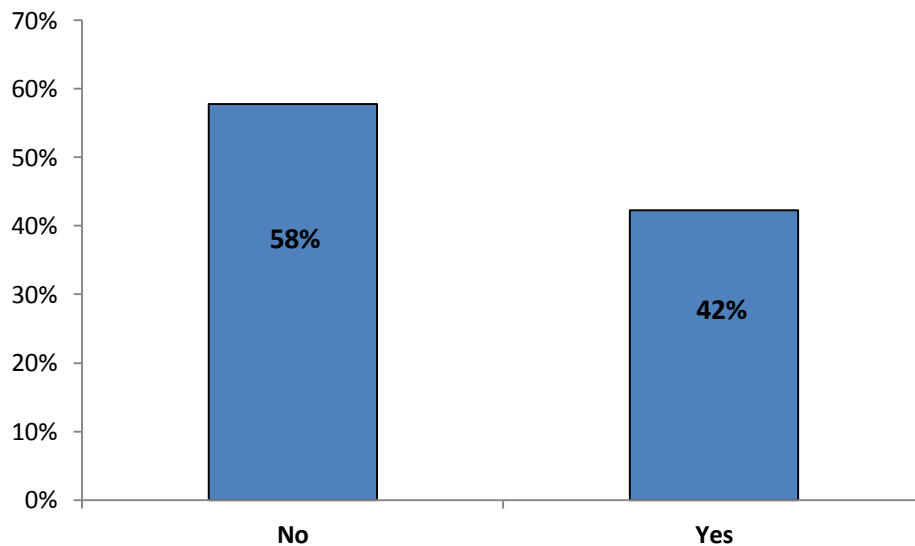
I believe so but its been awhile

Question 7| Medicaid will soon be conducting member satisfaction surveys. Would you be interested in a summary of the results?



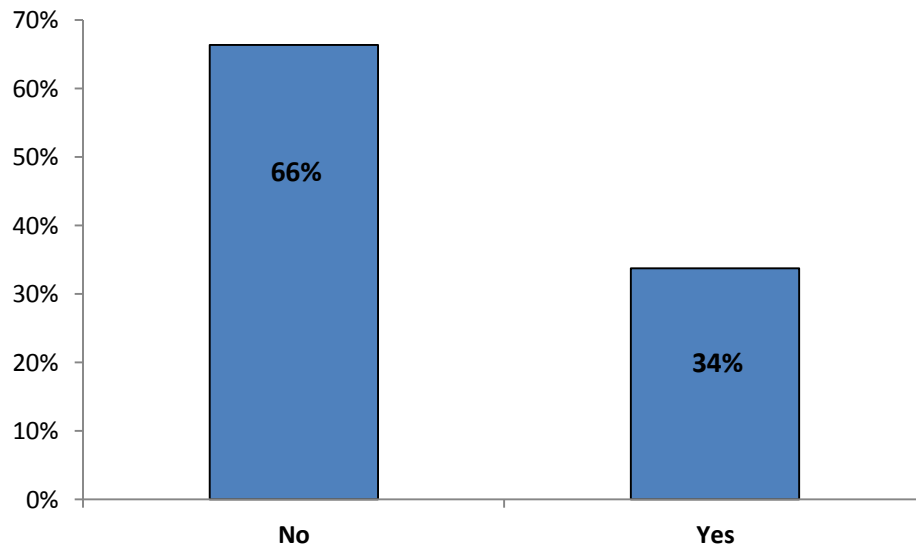
Question 8| In 2009, Montana Medicaid launched a new Health Improvement Program to take the place of our former Disease Management Program. Medicaid has partnered with 14 Community Health Centers on a regional basis to provide case management to members with serious chronic health conditions. Case managers are assigned members based on a predictive modeling tool used by the state to identify the highest risk members, rather than just members with specific diseases. Services to other at-risk members can also be provided upon referral by a primary care provider.

(A) Prior to this survey, were you aware of this program and the services available to many of your patients?



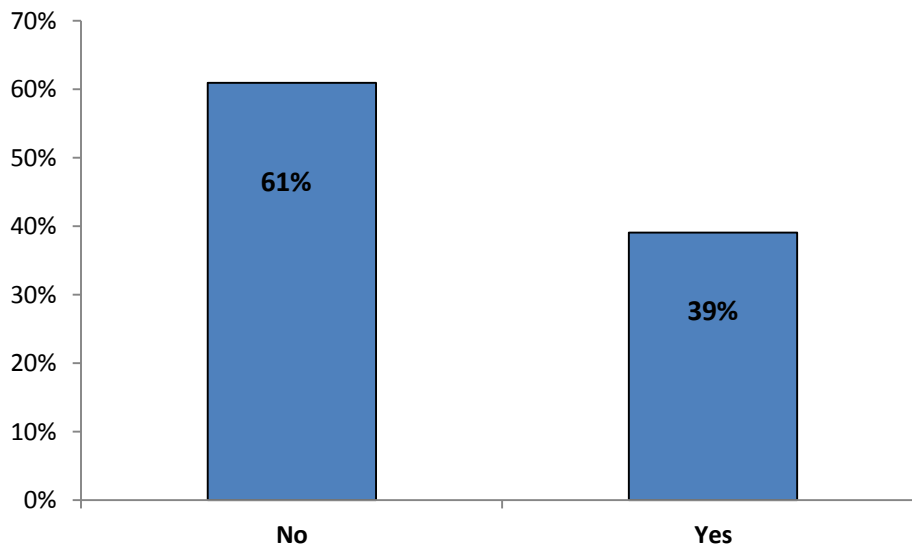
Question 8: Comments	
Not personally	Not sure swing bed status patients may
Not sure	Possibly 1

(B) Have you received written care plans from case managers?

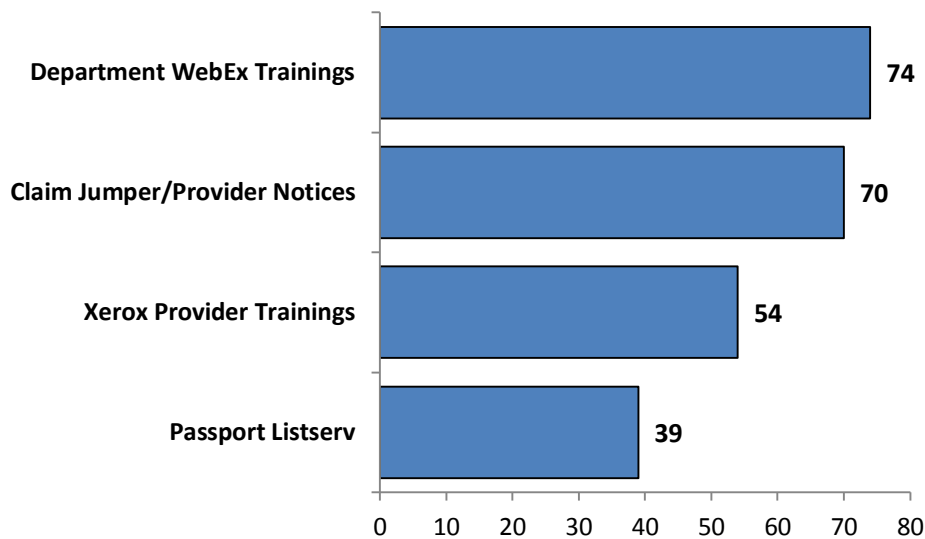


Question 9 | Team Care is for members who use more medical services than the average members indicating they need assistance in learning how to use their Medicaid benefits the right way. Team Care members are enrolled with a Primary Care Provider (PCP) to manage their care and receive all Medicaid prescriptions from one pharmacy.

Are you aware that you can refer patients to Team Care?



Question 10| What tools would your office utilize the most for training and updates regarding the Passport Program? (Check all that apply)



Question 10: Comments
I have no idea
None
Not sure
Online classes
Other: Website
Other: Website
Other: Website
Unknown

Question 11 | Please tell us anything else you would like us to know regarding Passport to Health, Team Care, Health Improvement Program or Nurse First specifically what can we do to make the programs better?

Comments
The only Big Issue we come across is providers/nursing staff being able to understand the difference between medicaid healthy Montana and BCBC Healthy Montana. Most think BCBC HMK is medicaid and sometimes give the wrong vaccination. 2. Make clear if clients don't select passport that one will be picked. Maybe Bold this info. But I personally feel the parents don't read what is sent to them. I feel this is the real problem.
A lot of assigned pt's are not seen by me or in our clinic - Some don't even live here. I do not know how your assignments work.
As a passport provider I spend many hours trying to explain that MHIP patient DO NOT need passport approval. You need to educate billing department what MHIP is at that it has nothing do with passport.
As providers what our patients report of these services hasn't been helpful. What would be helpful is robust, customized, lifestyle diabetes coaching.
Ask the patient who they want their passport provider to be and make sure it is in the right city and state.
Assign patient Passport Provider numbers to a PCP in their local area.
Be certain patients are referred to the after hours & weekend services available for their PCP (ie through the Great Falls Clinic for those that we serve as Passport).
Bozeman Deaconess Health Group as Passport encompasses multiple group providers - need more defined way of finfing who or which group is actual Passport.
Could I receive more "nurse first" cards pls?
Could you please send me more brochures for changing Passport Providers? I am out and have to make copies to give to patients.
I find many offices will willingly let their passport pt. go elsewhere - give permission rather than see their own pt. the day they (the pt.) calls in. I think those care providers defeat the purpose.
I have found that people choosing their Passport Providers needs more info. For example we get picked a lot by people we have never seen or that have not established care with us and then we are unable to provide their care here and it's a long process to get them changed to a different provider. Another example is people will pick providers out of town and then come to us intown and want to be seen or if they have an injury and it makes it hard to get them referrals for more care. So I feel the Pt's need more education on what it means when they pick a Passport Provider as many seem to have no idea what they are choosing.
I see patients without regard to payment source. Sorry, I just don't keep track of these issues.

Comments Continued
I think patients who continually go to ER for non emergency issues get fined \$20 or some reasonable fee to try to deter this behavior. Many haven't been seen in years by their medical home. They say they find ER more convenient.
Increase training for staff.
It seems many of the patients do not understand the Passport Provider is their first source of care.
It would be nice to be cc'd or notified of a letter that a patient may be sent - reminding of well Child Visit due, etc. or other. We'd love to help coordinate care and help stay on top of timely screenings.
Making pt's more aware of who their passport provider is. Also that they need to contact the PCP prior to going to a walk-in or another clinic when the PCP has openings & they can see them vs us giving out authorization to another clinic. Also don't just assign a PCP as pt's are usually unaware of this.
More education for us would be appreciated.
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More education for us would be appreciated.
Most patients do not understand Passport to Health or any of the other programs mentioned in #11. They do not want to pay the \$4.00. It would be good if you make sure they are to use them.
Nothing @ the current moment!
Overall seems to be a good program and relatively free of hassle for provider. Patients have good access to care - I would HIGHLEY recommend a taker CO-PAY to put up a small disincentive for overuse.
Patients don't understand that they should go to their primary care provider for ALL healthcare.
People don't understand what Team care is.
Primary care would be more efficient if HIS eligible patients were NOT eligible for medicaid or HIS needs to be required to call for passport approval if they are billing medicaid & seeing our passport patients.
Team care rules need to be defined to the providers.
Team care should be initiated for people who use the ER for primary care. Don't know how they would get plugged in though.
To be more informed.
Too much abuse of medicaid system. Patients come in when not needed.
We are not very well educated on Programs in general.
We frequently get patients auto enrolled, who are not even close to our service area. We have to take the time to disenroll them due to the fact they do not establish care or we get frequent calls from other providers. Auto enroll is not the best system in our opinion.
We get multiple calls for passport for patients who have yet to establish care with us, even though we are listed as their provider. This is sometimes frustrating.
We greatly dislike being assigned patients randomly. If a patient doesn't select one perhaps they can be assigned to the city county until they have established care with a provider. There has to be a better way. Side note-Your claims processing requirements need to be (verified at too)??



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Comments Continued
Why do some facilities make it difficult to get passport Approval?
Would like to know more about the program.